

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10600250</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		2					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		3					64	
15	1						65	
16		1					66	
17		1					67	
18		1					68	
19	1						69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
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25		1					75	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	25						TOTAL DEP.	
TOTAL CLAIMS	28						TOTAL CLAIMS	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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